

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-819)**

SERIAL NO.

101538817

FILED DATE

ATTORNEY

CLAIMS

	AS FILED		AFTER REASSESSMENT		AFTER REASSESSMENT			AS FILED		AFTER REASSESSMENT		AFTER REASSESSMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						

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